Name in Full: Jno A Aydelotte

CERTIFICATE OF DEATH

MARYLAND

Died: Town: Near Polomoke City County: Worcester

Date of death: Month: June Day: 10 1904 Age: Years: 79 Months: Days:

Sex: Male Color or Race: White Birthplace: Worcester Co

Occupation: Farmer Where Residing if not at place of death: Near Poloomoke city

Married, Single or Widowed: married Name of Wife or: Drucilla Payne

Father's Name: Joshua Aydelotte Father's Birthplace: Worcester Co

Mother's Maiden Name: dont know Mother's Birthplace: " "

Name of person giving Information: Jno Aydelotte How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

114

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congestion of Liver How long: Several Months

Immediate: Indigestion Nausea exhaustion How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno A Quinn

Address: Poloomoke city Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Ann Aydelotte

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Near Parsonsburg — County: Wicomico

Date of death: Month: June — Day: 28 — Year: 1904 — Age: Years: 70 — Months: — Days:

Sex: Female — Color or Race: colored — Birthplace: Worcester Co

Occupation: Housewife — Where Residing if not at place of death: Near Parsonsburg

Married, Single or Widowed: widow — Name of Wife or Husband: Edward Aydelotte

Father's Name: Azariah Tucker — Father's Birthplace: Worcester Co

Mother's Maiden Name: Scarborough — Mother's Birthplace: " "

Name of person giving Information: George Wheatley — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: several years

Immediate: exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Saml S Lynn

Address: Parsonsburg Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: James Barrett

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Near Berlin — County: Worcester

Date of death: Month: June — Day: 19 — Year: 1904 — Age: Years: 55 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Near Berlin

Occupation: Farmer & Miller — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Benjamin Barrett — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Imformation: Jno. W. Pitts — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long: —

Immediate: Phthisis Pulmonalis — How long: 2 or 3 years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. W. Pitts

Address: Berlin, Maryland

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A88918

Name in Full: Infant.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berlin — County: Worc.

Date of death: 1904 — Month: 6 — Day: 27

Age: Years: — Months: 1 — Days: 19

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation: — Where Residing if not at place of death: Berlin

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Wm Breddell — Father's Birthplace: Md.

Mother's Maiden Name: Mary Spence — Mother's Birthplace: Md.

Name of person giving information: Thos Powell — How related to deceased: None.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: No Doctor — How long: Since Born

Immediate: — How long: 7 Weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Physician.

Address: J. E. Mears & Son Md

Accident or Suicide?

LIBRARY BUREAU A38816

Name in Full: William Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parkertown — County: Worcester

Date of death: 1904 — Month: 6 — Day: 23 — Age: Years: — Months: 4 — Days:

Sex: Male — Color or Race: Blk — Birthplace: Worcester

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Caleb Davis — Father's Birthplace: Worcester

Mother's Maiden Name: Ann — Mother's Birthplace:

Name of person giving information: Caleb Davis — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Unknown — How long: 6 hours

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Physician

Address: [redacted] E. Wide Street undertaker Berlin

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Drucilla Dishazoon

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Stockton — County: Worcester

Date of death: 1904 June 6 — Age: 32 Months — Days:

Sex: Female — Color or Race: white — Birthplace: 9

Occupation: Housewife — Where Residing if not at place of death:

Married, ~~Single or Widowed~~ — Name of ~~Wife or~~ Husband: Levin J. Dishazoon

Father's Name: Isaac Hancock — Father's Birthplace: md

Mother's Maiden Name: Kelly Jones — Mother's Birthplace: Md

Name of person giving Information: Benjamin Dishazoon — How related to deceased: Bro in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dysentery — How long: 12 days

Immediate: Gastritis — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. D Dickerson M.D

Address: Stockton Worcester Co

~~Accident or Suicide?~~

LIBRARY BUREAU A8881¢

Name in Full: John Ellis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Snowhill — County: Worcester

Date of death 1904 — Month: June — Day: 9th — Age: Years: 1 — Months: 16 — Days: 25

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: S — Occupation:

Name of Wife or Husband:

Father's Name: John Ellis — Father's Birthplace: Md

Mother's Maiden Name: Rosetta Ellis — Mother's Birthplace: Md

Name of person giving Information: John Ellis — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 14 — How long:

Immediate: Disentery — How long: 6 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of [redacted]: W. T. Hearn

Address: Snowhill

Accident or Suicide?

LIBRARY BUREAU A8815

Name in Full: Infant

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Berlin. County: Worcester

Date of death 1904: Month: June Day: 6

Age: ~~Years~~ Months: Three weeks Days:

Sex: Male Color or Race: Black Birthplace: Md

Occupation:

~~Where Residing if not at place of death~~

~~Married, Single or Widowed~~ ~~Name of Wife or Husband~~

Father's Name:

Father's Birthplace:

Mother's Maiden Name: Lena Fassitt

Mother's Birthplace: Md

Name of person giving Imformation: John Fassitt

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 179

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

~~Signature~~ of ~~Physician~~: C. J. Evans M.D.

Address: Berlin Md.

Accident or Suicide?

LIBRARY BUREAU A68618

Name in Full: Wm Henry Gibbons

CERTIFICATE OF DEATH

MARYLAND

Died: Town: near Poccomoke city County: Worcester

Date of death	Month	Day	Years	Months	Days
1904	June	18	Age 80		

Sex: Male

Color or Race: White

Birthplace: Somerset Co

Occupation: Laborer

Where Residing if not at place of death: near Pocomoke City

Married, Single or Widowed: widower

Name of Wife or Husband: Dont Know

Father's Name: Wm I Gibbons

Father's Birthplace: Somerset Co

Mother's Maiden Name: Dont Know

Mother's Birthplace: " "

Name of person giving Information: Hubert Timmons

How related to deceased: Neighbor

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Indigestion & old age

How long: several years

Immediate: exhaustion

How long: two weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jamil D Lynn

Address: Pocomoke city Md

Accident or Suicide?

LIBRARY BUREAU A883S16

Name in Full: Charlie Henry

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Snowhill — County: Worcester

Date of death 1904: Month: June — Day: 14 — Age: Years: 37. — Months: 4 — Days:

Sex: Male — Color or Race: Colored — Birthplace: Worcester

Occupation: Laborer — Where Residing if not at place of death: Worcester

Married, Single or Widowed: Single — Name of Wife or Husband: None

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry / Henry — Father's Birthplace: Worcester

Mother's Maiden Name: Sallie Henry — Mother's Birthplace: Worcester

Name of person giving Information: Harry / Henry — How related to deceased: father

CAUSES OF DEATH

Primary: Consumption — How long: 7 month

Immediate: Hemorrhage — How long: 10. Days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Worcester

Signature of Physician: Dr. J.S. Tydoll

Address: Snowhill Md

Accident or Suicide? County

LIBRARY BUREAU A88816

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Stockton County: Worcester

Date of death 1904 Month: June Day: 2 Years: 1 Months: 0 Days: 9

Sex: Male Color or Race: White Birthplace: Stockton

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Geo W Hudson Father's Birthplace: Md.

Mother's Maiden Name: Molly Beauchamp Mother's Birthplace: "

Name of person giving information: Geo W Hudson How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infected Cord 152 How long: 4 Days

Immediate: Convulsions How long: 6 Hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J D Dickerson

Address: Stockton Worcester Co Md

Accident or Suicide? X

LIBRARY BUREAU A88019

Name in Full: Ann Catharine Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Snow Hill; County: Worcester

Date of death: 1904, Month: June, Day: 21

Age: Years: 77, Months: —, Days: —

Sex: female; Color or Race: White; Birthplace: Md.

Occupation: —; Where Residing if not at place of death: Snow Hill

Married, Single or Widowed: Married; Name of Wife or Husband: Thos J Johnson

Father's Name: Saml Harper; Father's Birthplace: —

Mother's Maiden Name: Catharine Dale; Mother's Birthplace: —

Name of person giving information: Thos Johnson; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diarrhoea 106; How long: Two weeks

Immediate: —; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dave Johnson

Address: Snow Hill

Accident or Suicide? —

LIBRARY BUREAU A66816

Name in Full: George T. Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: West Stockton | County: Worcester

Date of death: 1904 | Month: June | Day: 10 | Years: 71 | Months: 5 | Days: 17

Sex: Male | Color or Race: White | Birthplace: Worcester Co Md

Occupation: Farmer | Where Residing if not at place of death: —

Married, ~~Single or Widowed~~ | ~~Name of Wife or~~ Husband: Sarah W Payne

Father's Name: Moses Jones | Father's Birthplace: Md.

Mother's Maiden Name: Maria Dryden | Mother's Birthplace: Md.

Name of person giving Information: Mary Jones | How related to deceased: Dau

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Disease of Heart | How long: 5 minutes

Immediate: Dilatation of Heart | How long: Instant

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. D. Dickerson

Address: Stockton Worcester Co Md

~~Accident or Suicide?~~

LIBRARY BUREAU A66516

Name in Full: unnamed

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Poromoke city — County: Worcester

Date of death 1904 — Month: June — Day: 9th — Age — Years: twice — Months: 3 — Days: 10

Sex: Male — Color or Race: White — Birthplace: Poromoke City

Occupation: infant — Where Residing if not at place of death: " "

Married, Single or Widowed: I — Name of Wife or Husband: —

Father's Name: Morris Miller S. — Father's Birthplace: Russia

Mother's Maiden Name: Annie K. Cuff — Mother's Birthplace: "

Name of person giving Information: Mathias Miller — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Samuel S. Jones M.D.

Address: Poromoke city Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Beulah Mills

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City; County: Worcester

Date of death: Month: June; Day: 13; Year: 1904

Age: Years: 11; Months: ; Days:

Sex: Female; Color or Race: Colored; Birthplace: Pocomoke City

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Major Mills; Father's Birthplace: Pocomoke City

Mother's Maiden Name: Rebecca Henry; Mother's Birthplace: Pocomoke City

Name of person giving Imformation: Maria Nelson; How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cachexia; How long: —

Immediate: Convulsions; How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Don't know

Signature of Physician: R. Lee Hall

Address: Pocomoke City, Md.

Accident or Suicide: Only saw patient at my office 10 days ago

LIBRARY BUREAU A88818

Name in Full: Wm Morris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berlin — County: Worcester

Date of death: June 16 1904 — Month: June — Day: 15 — Years: Age 20 — Months — Days

Sex: male — Color or Race: White — Birthplace: Delaware

Occupation: Factory Hand — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: David Morris — Father's Birthplace: Delaware

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: David Morris — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Scald of entire body & limbs — How long:

Immediate: Collapse — How long: 30 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo Dirickson

Address: Berlin Md

Accident or Suicide? accident

LIBRARY BUREAU A88816

Name in Full: Hester Nelson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berlin — County: Wor

Date of death: 1904 — Month: 6 — Day: 3 — Years: Age 92 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: — — Where Residing if not at place of death: Berlin Md.

Married, ~~Single~~ or Widowed — ~~Name of Wife or~~ Husband: William Nelson

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation: Jas. E. Wise Jr. — How related to deceased: bb

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: old age & Gen[l] Debility — How long

Immediate: Paralysis — How long 1 week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. W. Pitts

Address: Berlin Md

~~Accident or Suicide~~?

LIBRARY BUREAU A6881B

Name in Full: Jno. Wm Nichols

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Nassawango — County: Worcester

Date of death: 1904 — Month: June — Day: 8th — Age: Years / Months / Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

~~Married~~, Single or Widowed — Name of Wife or Husband: —

Father's Name: John Nichols — Father's Birthplace: Md

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation — How related to deceased

72

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accidental drowning — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Paul Jones

Address: Snow Hill Md

Accident or Suicide?: Accident

LIBRARY BUREAU A66516

Name in Full: Isaac E Powell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Near Berlin — County: Worcester

Date of death: 1904 — Month: 6 — Day: 2 — Years: Age 1 — Months: — — Days: —

Sex: Boy — Color or Race: Colored — Birthplace: Near Berlin

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Williams Powell — Father's Birthplace: Near Berlin

Mother's Maiden Name: Eliza Smack — Mother's Birthplace: Near Berlin

Name of person giving Imformation: A Hammack — How related to deceased: Grand Father

90

CAUSES OF DEATH

Primary: Improper diet — How long: 3 mos

Immediate: Bronchitis — How long: One week

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: Elbert Holland

Address: Berlin Md

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A88010

Name in Full: Jane Pannell

CERTIFICATE OF DEATH

MARYLAND

Died at: West Town Berlin — County

Date of death	Month	Day	Years	Months	Days
1904	Jan	21	Age 60	—	—

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: Black — Birthplace: Maryland

Occupation: Housekeeper — Where Residing if not at place of death:

Married, Single, ~~or Widowed~~ — Name of Wife or Husband: Ambers Pannell

Father's Name: George Fowns — Father's Birthplace: Maryland

Mother's Maiden Name: Mary Fowns — Mother's Birthplace: Maryland

Name of person giving Imformation: Williamson Pannell — How related to deceased: Sone

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: [illegible] 179 — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

No Dr in attendance

Address [redacted]

Accident or Suicide? C J Evans & son undertakers

LIBRARY BUREAU A888 16

Name in Full: Henry Lullum

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Ocean City — County: Worcester

Date of death: 1904 — Month: 6 — Day: 1 — Age: Years: 94 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation — How related to deceased

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Interstitial Nephritis — How long: Several years

Immediate: Dilatation of Heart - Dropsy. — How long: 6 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. E. Dirickson

Address: Berlin Md

Accident or Homicide?

LIBRARY BUREAU A88816

Name in Full: No Name

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pyneysupent — County: Worcester Co

Date of death 1904 — Month: ~~Nov~~ 6 — Day: 26 — Age: Years: — Months: — Days: 14

Sex: Female — Color or Race: White — Birthplace: Worcester Co

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Dan Rodney — Father's Birthplace: Worcester

Mother's Maiden Name: Prah Downey — Mother's Birthplace: "

Name of person giving Imformation: John Downey — How related to deceased: Gr Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Unknown — How long: 3 days

Immediate: 179 — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Had none

Address:

Accident or Suicide? ~~No~~

LIBRARY BUREAU A89916

Name in Full: Annie F Richardson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Snow Hill; County: Worcester

Date of death: 1904 Month: June Day: 4

Age: Years: 32 Months: — Days: 24

Sex: female Color or Race: White Birthplace: Md

Occupation: —

Where Residing if not at place of death: —

Married, ~~Single~~ Widowed: ~~Name of Husband~~ W = H Richardson

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jos. H Dorman Father's Birthplace: Md

Mother's Maiden Name: Mary E Dorman Mother's Birthplace: Md.

Name of person giving Information: Wm H. Richardson How related to deceased: husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: —

How long

Immediate: Heart disease How long: Few moments

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dave Jones

Address: Snow Hill Md

Accident or Suicide?

LIBRARY BUREAU A8601¢

Name in Full: Emma Shipherd

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Snow Hill; County: Worcester

Date of death: Month: June; Day: 8; 1904

Age: Years: 33; Months: 7; Days:

Sex: female; Color or Race: White; Birthplace: Md

Occupation: —; Where Residing if not at place of death: Snow Hill

Married, Single or Widowed: Married; Name of Wife or Husband: Jos. Shipherd

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace:

Name of person giving information: 61; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dont know; How long: Dont know

Immediate: Acute Meningitis; How long: 5 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John L Aydelotte

Address: Snow Hill Md.

Accident or Suicide?

LIBRARY BUREAU A88519

Name in Full: Edward Smack

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Snow Hill — County: Worcester

Date of death: Month: June — Day: 28 — Year: 1904 — Age: Years: 44 — Months: 9 — Days: 11

Sex: male — Color or Race: white — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death:

~~Married~~ Widowed — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John S Smack — Father's Birthplace: Md

Mother's Maiden Name: Martha W Smack — Mother's Birthplace: Md

Name of person giving information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 27 — How long: 1 Year

Immediate: Consumption — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~: W. T. Hearn D

Address: Snow Hill

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Alice Spencer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brookville; County: Montgomery

Date of death: 1904 Month: June Day: 26 Age: Years: 65 Months: Days:

Sex: Female Color or Race: Colored Birthplace: Md

Occupation: Where Residing if not at place of death: Md

Married, Single or Widowed: Widowed Name of ~~Wife~~ or Husband: Samuel Spencer

Father's Name: William Roxbrough Father's Birthplace: Md

Mother's Maiden Name: Charlotte Roxbrough Mother's Birthplace: Md

Name of person giving information: Geo H Robins How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever How long: 3 months

Immediate: How long: 4 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr J S Sybert

Address: Brookville Maryland

Accident or Suicide? Probably

LIBRARY BUREAU A88819

Name in Full Peter Stevens

CERTIFICATE OF DEATH

MARYLAND

Died at Town Poolesville County Montgomery

Date of death 1904 Month June Day 13th Age Years 65 Months Days

Sex Female Color or Race Colored Birthplace Maryland

Occupation Domestic Where Residing if not at place of death Poolesville

Married, Single or Widowed Widow Name of Wife or Husband Abram Stevens

Father's Name George Phinney Father's Birthplace Maryland

Mother's Maiden Name Emeline Austin Mother's Birthplace ?

Name of person giving In formation Miss Stevens How related to deceased Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Apoplexy How long a week

Immediate Paralysis How long

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician Saml S Lewis

Address Poolesville Md

Accident or Suicide? No

LIBRARY BUREAU A88516